## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10651 446

		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR SMALL ENTITY												
TOTAL CLAIMS			37					RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00										
TOTAL CHARGEABLE CLAIMS			37 minus 20=		. 17			X\$ 9=		OR	X\$18=	306										
INDEPENDENT CLAIMS			7 minus 3 =		• 4			X42=		OR	X84=	336										
MULTIPLE DEPENDENT CLAIM PRESENT						<u>'</u>		+140=		OR	+280=	_										
* If the difference in column 1 is less than zero, enter						olumn 2		TOTAL		OR	TOTAL	1392										
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									NTITY	OR	OTHER SMALL											
AMENDMENT A	10100	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	• 15	Minus	** 3	7	= /		X\$ 9=	•	OR	X\$18=											
	Independent	• 3	Minus	***	7	=		X42=		OR	X84=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=											
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE											
	•	(Column 1)			ımn 2)	(Column 3	<u>)</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
AMEI	Independent	*	Minus	***	T CLABA	<u>                                     </u>	4	X42=		OR	X84=	,										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=											
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE											
(Column 1) (Column 2) (Column 3)																						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
N N N	Total	*	Minus	Ardr		=		X\$ 9=		OR	X\$18=											
Y.W.E.	Independent	*	Minus	***	<b>TO:</b> 4111		4	X42=		OR	X84=											
卜	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR												
	If the entry in colu	ımn 1 is less than	TOTAL	•	ОП	TOTAL																
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE Thighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.																						
	The "Highest Nur	mber Previously Pa	eid For" (Total o	r Indeper	ndent) is th	e nignest nun																
<u></u>		0000 :	10440	No 2022	400 2700	0161	ρ	atent and Trade	mark Office.	U.S. D	FORM PTO-875 (Rev. 12/02) ' 'U.S. Government Printing Office: 2803 — 498-27869151 Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE											